Risk & Insurance Management

CO15/009 Incoming CC: Ken Steve D, C/015/018 1407 West North Temple, Suite 330 Salt Lake City, UT 84116 Office (801) 220-2996

Office (801) 220-2996 FAX (801) 220-3393



RECEIVED

OCT 0 2 2013

DIV. OF OIL, GAS & MINING

HAND DELIVERED

October 2, 2013

Dana Dean Division of Oil, Gas & Mining **Utah Department of Natural Resources** 1594 West North Temple – Suite 1210 Salt Lake City, UT 84114

RE: Certificates of Liability Insurance, Policy No. XL5194002P, Associated Electric & Gas Insurance Services, Policy Period from 10-1-2013 to 10-1-2014 Des-Bee-Dove Mine C/015/0017, Deer Creek Mine C/015/0018, Cottonwood Mine C/015/0019, Trail Mountain Mine C/015/0009 Folder #2, Emery County, Utah

Dear Mr. Dean:

Further to Scott Child's email of September 30, 2013 and my subsequent email to you on October 1, 2013, providing you with PDF copies of the insurance certificates for the above referenced mines, I am now providing you with the original certificates for Des/Bee/Dove, Deer Creek and Trail Mountain. Unfortunately, the underwriter failed to sign the certificate for Cottonwood/Wilburg and instead sent us a blank form. However, he has since signed the form and a copy of that certificate is included in this packet. The original has been mailed to me and I will hand deliver it to you tomorrow.

Please accept my apologies for any confusion this may have caused.

Very truly yours,

Margaret M. Reed

Insurance Administrator

Enclosures

Cc: C. Crane – IMC w/copy encl.

R. Poulson, C. Semborski, K. Fleck, D. Oakley, G. Davis - EWMC w/copy encl.

S. Child - NTO 310 w/copy encl.



DATE(MM/DD/YYYY) 09/30/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT RETWEEN THE ISSUING INSUREDOES ALTEROPIZED

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DATE(MM/DD/YYYY) 09/30/2013

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

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certificate holder in lieu of such endorsement(s).		
PRODUCER Aon Risk Services Central, Inc. Omaha NE Office 11213 Davenport Suite 201 Omaha NE 68154 USA	CONTACT NAME: PHOME (A/C. No. Ext): (402) 697-1400 FAX (A/C. No.): (402) 697-001 E-MAIL ADDRESS:	7
	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A: Assoc Electric & Gas Ins Serv Ltd -AEGIS	A3190004
PacifiCorp	INSURER B:	
Attn: Sara Schillinger P.O. Box 657	INSURER C:	
Des Moines IA 50306-0657 USA	INSURER D:	
	INSURER E:	
	INSURER F:	
COVERAGES CERTIFICATE NUMBER: 57005151805	54 REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDS	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO W ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI	/HICH THIS

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

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	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	ď					E.L. EACH ACCIDENT	<u> </u>	1
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State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 w. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA					DREPRESENTATIV	Hu	ıls		39.4

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CANCELLATION

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DATE(MM/DD/YYYY) 09/30/2013

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Aon Risk Services Central, In Omaha NE Office		PHONE (A/C. No. Ext):	(402) 697-1400	FAX (A/C. No.): (402) 697-00	17			
11213 Davenport Suite 201		E-MAIL ADDRESS:						
Omaha NE 68154 USA			OVERAGE	NAIC#				
INSURED		INSURER A:	Assoc Electric & Gas	Ins Serv Ltd -AEGIS	AA3190004			
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Attn: Sara Schillinger P.O. Box 657		INSURER C:						
Des Moines IA 50306-0657 USA		INSURER D:						
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		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: 57005151805	50	REVISIO	N NUMBER:				

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	AUTOS AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	1					E.L. EACH ACCIDENT	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation. Re: Trail Mountain Mine: C/015/0009

CERTIFICATE	E HOLDER
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CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining 1594 W. North Temple, Ste. 1210 Salt Lake City UT 84180-1203 USA

AUTHORIZED REPRESENTATIVE

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